# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07645 (7)

1. Corporation Name
**NOKOMIS BAYSHORE CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 109 BAYSHORE RD<br>STE 11<br>NOKOMIS FL 34275<br>US | 109 BAYSHORE RD<br>STE 11<br>NOKOMIS FL 34275<br>US |

3. Date Incorporated or Qualified: 02/15/1985
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2644938 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 109 Bayshore Rd. #11 | 26 109 Bayshore Rd. #11 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 NOKOMIS, FL. | City & State 28 NOKOMIS, FL. |
| Zip 24 34275 Country 25 SARASOTA | Zip 29 34275 Country 30 SARASOTA |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| GIERINGER, HOWARD<br>109 BAYSHORE RD<br>STE 3<br>NOKOMIS FL 34275 | 81 Name: LINDA MILLS<br>82 Street Address (P.O. Box Number Is Not Acceptable): 109 Bayshore Rd. #8<br>83<br>84 City: NOKOMIS, FL 85 Zip Code: 34275 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Linda J. Mills — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PRESIDENT ☒ Change ☐ Addition |
| NAME | GIERINGER, HOWARD | 1.2 NAME | LINDA MILLS |
| STREET ADDRESS | 109 BAYSHORE RD / STE 3 | 1.3 STREET ADDRESS | 109 Bayshore Rd. #8 |
| CITY-ST-ZIP | NOKOMIS FL | 1.4 CITY-ST-ZIP | Nokomis, Fl. 34275 |
| TITLE | SD | 2.1 TITLE | SD ☐ Change ☐ Addition |
| NAME | MASTRIA, DIANE | 2.2 NAME | MASTRIA, DIANE |
| STREET ADDRESS | 109 BAYSHORE UNIT | 2.3 STREET ADDRESS | 109 Bayshore Rd. Unit #2 |
| CITY-ST-ZIP | NOKOMIS FL | 2.4 CITY-ST-ZIP | Nokomis, Fl. 34275 |
| TITLE | TD | 3.1 TITLE | TD ☐ Change ☐ Addition |
| NAME | CHICK, LYNN | 3.2 NAME | CHICK, LYNN |
| STREET ADDRESS | 109 BAYSHORE RD / UNIT 10 | 3.3 STREET ADDRESS | 109 Bayshore Rd. Unit #10 |
| CITY-ST-ZIP | NOKOMIS FL | 3.4 CITY-ST-ZIP | Nokomis, Fl. 34275 |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Lynn A Chick — 3/21/95 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNN CHICK, TREAS.

000402P8